

THE MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TWO CASES OF IMPERFORATE ANUS.

BY J. D. STRAWBRIDGE, M. D.,
Of Danville, Pa.

The following cases of operation for imperforate anus, selected from a very considerable number which have fallen under my observation, are reported, not with the impression that they present any features either novel or extraordinary, but with a hope that they will interest the general practitioners who form the great body of your readers.

The late Dr. Joseph Priestley, of Northumberland, Pa., a worthy descendant of the great chemist and philosopher, wrote me December 2, 1882, a short time before his death, as follows: "I send you the following facts in relation to the case of imperforate anus on which you operated for me in June, 1878. William D., born December 16, 1876, healthy and well developed, but somewhat thin in flesh, was not observed to have any malformation until twenty-four hours after birth; there were no external indications whatever of an anus, but on straining, which was done frequently, the skin was bulged forward prominently, showing that the feces were not far from the integuments, which I incised, and the contents of the bowel were very freely discharged. When I ceased attendance on the mother, I gave her a large-sized bougie, with directions to use it or the little finger to dilate the opening as long as necessary. The child remained thin and delicate-looking up to the time you operated. The mother neglected dilatation, the opening gradually

closed, and fecal fistula formed at the scrotum. I did not learn of this until called to see the child for a supposed attack of dysentery, a few days before the operation which I requested you to perform. It was a most complete success. After healing, the child grew, fattened, and improved in every respect, is now vigorously healthy, with no difficulty whatever with its evacuations, over which it has perfect control."

At the time of operation, I found the patient with a largely distended abdomen, making frequent violent straining efforts at defecation, and ejecting with considerable force, thin tape-like bands of feces about one-fourth of an inch wide, and from one to two inches in length, through a small opening behind, and in the root of the scrotum. Chloroform was administered by Dr. Priestley, and, assisted by Dr. Wm. B. Stoner, I passed a probe backward through the fistula about two inches, where I found the bowel filled with a mass of semi-solid feces. Bending the end of a grooved director into the form of a catheter, with the groove in the inside of the curve, I passed it into the bowel, and pressing down firmly until the point could be felt through the perineum, I cut down into the groove and brought the point of the director out through the incision; then with a bistoury in the groove of the director, I laid open the fistula forward to the scrotum. On the instant the incision was made the child began to evacuate the bowels with violent straining, until it passed nearly a quart of feces, and never ceasing until the whole of the bowels seemed to be emptied.

After carefully cleansing the incision, I found the rectum formed a pouch, about one inch from the outer surface of the perineum, and terminated

by a hard-pointed appendix. I dissected out this terminal portion with some of the surrounding tissues, forming a rounded opening for the anus, after which I detached the rectum for nearly three-quarters of an inch upward from the surrounding tissues until I could easily bring its edge down to the skin, where I attached it with six silk sutures; the long fistulous opening was filled with lint and allowed to heal by granulation, and in three days the child was running about as though there had never been anything wrong, and without any other treatment than removal of the sutures.

On the 6th of November, 1879, I was requested by Dr. James Ogleby, of Danville, to visit with him, and, if necessary, operate on M. A—n, female, aged six months, for "imperforate anus." The deformity was not noticed at birth, and although the mother soon learned that there was some defect, she did not discover its true character until the day before I was called. On examination, I found the perineum smooth, and without any indication of an anus; the left labia enlarged, slightly darker colored, and more solid than the right. Suspecting an opening through the vagina, I was about to search for it there, when Dr. Ogleby pointed it out to me just behind the clitoris, in front and slightly to the left of the urethral orifice.

Passing a probe into this opening backward, it traversed a sinus, the whole length of the labia, deep in its substance, and curved toward the rectum, in consequence of which the probe was arrested before entering the bowel. With a bistoury, guided by a director, I carefully laid open the sinus backward to the rectum, which I found high up and much contracted. From the extent of tissues cut through, of the labia, I anticipated trouble from bleeding, but fortunately this was very slight. As in the preceding case, I found a pointed solid end of the bowel extending downward toward the skin, which served as a guide to the position of the new anus. This I dissected out with some of the surrounding tissues, making a round opening. I dissected the bowel freely from its connections, except in front, where I was unable to separate it from the vaginal wall; the bowel was brought down and attached to the skin by five silk sutures. On the second day I found two of the sutures, one on each side of the sinus, had given away and allowed some retraction of the bowel in front; but as the others retained more than two-thirds of the circumference of the bowel in contact with the skin, I was satisfied to await results. On the fourth day I found the union firm, and removed the remaining sutures. The

feces were passed naturally. The sinus and incision through the labia, though very deep and long, healed firmly within three weeks, and the cure seemed complete.

On May 19, 1880, I was again called by Dr. Ogleby to see this child, then suffering from cerebral meningitis, from which it died a few days later, whilst I was present.

I had an opportunity after death to examine the anus, which I found perfect, and learned from the mother that the evacuations were always natural.

HOSPITAL REPORTS.

CLINICAL GYNÆCOLOGICAL OBSERVATIONS, NO. 2.

BY C. C. VANDERBECK, M. D., PH. D.,
Of Philadelphia.

In article No. 1, I closed with hygienic suggestions, as regards the cleanliness of the privates—in males as well as in females—urging daily ablutions, and particularly after menstruation. There seems, however, to be a possible danger in the usually harmless and hygienic female syringe, particularly at an early period after confinement, before involution is completed. Dr. Thos. More Madden said before the Dublin Obstetrical Society, sometime in 1875: The vaginal syringe is the most frequently used instrument in gynæcological practice, being employed in nine-tenths of the cases of real or suspected uterine disease, freely ordered by medical men, and habitually used by patients, without any special caution or apprehension of possible danger. He then related a case in which the lady had used an astringent injection with the ordinary syringe. The injected fluid evidently had passed through the patulous os into the cavity of the womb, which was in a state of subinvolution at the time, and a part of the fluid escaping through the dilated fallopian tubes into the peritoneal cavity. The symptoms were intense uterine colic, followed by severe metro-peritonitis, attended with almost complete collapse, and uncontrollable retching, placing the patient's life in extreme jeopardy for several days.

The numerous inquiries for a diagnosis, whether pregnant or not, surprised me. Dr. Price assures me that the cases of menstruation during early pregnancy are numerous. Many feel that they are pregnant—I mean by feeling, not the "quickening" and movements of the child, but the patient's own sensations—with the usual signs of nausea and enlargement of the breast, and yet are puzzled at the continuation of the "show." Whether this is a true function of menstruation is doubted. One would hesitate in believing that a function depending upon ovarian influence, performed by the lining membrane of the body of the uterus, would take place when the cavity of the uterus is lined by decidua—occupied by a "growth"—and the os closed by mucus. In examining authorities upon the subject, they all look at the matter with suspicion; all doubt it being true menstruation. The discharge at any rate resembles the menses in color, quantity, and

time. Such a state of affairs has been noticed and mentioned by Hippocrates, and other ancient as well as more modern doctors. It is sure that the fact is well settled at the Philadelphia Dispensary that very many pregnant women do have a periodical show of blood, varying from a few months up to nearly the full term.

An early symptom of pregnancy, not to my knowledge noticed in any work upon the subject, is the swelling of the feet—not in all cases, but in a sufficiently large number of cases to make it a matter of value and interest.

In quite a fair percentage of cases the pulsation in the anterior lip of the uterus is an early symptom of pregnancy. More or less livid hue of the mucous membrane of the uterus and vagina is depended upon in making up a diagnosis of the pregnant condition.

Cases just the opposite—no menstruation—coming for a diagnosis are more than numerous. In a great number of cases pregnancy is detected—in some it is really very difficult to come to a definite conclusion. Amenorrhœa has been diagnosed in cases where, upon first opinion, pregnancy might be suspected. Amenorrhœa not always presents the pallid countenance. Trousseau insists upon a florid variety of this disease. A young girl, age eighteen, came to the clinic on account of absent menstruation. She was florid—quite the picture of health. Cross-examination and the closest physical examination failed to reveal in the family way. Future treatment substantiated the diagnosis of amenorrhœa. Iron is not always indicated in these cases. All good medicines are abused—iron with the others. I do not believe in specifics. The sooner we learn to treat individuals and not disease names the better. A useful chapter in therapeutics might be headed: *The Beware Side of Therapeutics*. Do we not fail too often in studying closely the contra-indications of medicines? We are taught what to give. Where is the chair to tell us what not to give! We doubt not that the title of "skillful" applied to many physicians has been earned by their bestowing upon this subject due attention—by being fully competent to wield their weapons to the utmost advantage, and with the greatest precision. We should try to avoid routine practice. Have a reason for the faith and for the practice that is within us. Trousseau, as far as I know, is the best teacher of *beware therapeutics*. Now, in regard to this very subject of iron, he says:

1. When chlorotic women are disposed to diarrhœa, iron ought not to be given at first, and the soluble form should never be prescribed.

2. Iron is not entirely a harmless agent—death has been caused by the untimely use of it. Acute phthisis has quickly followed the cure of chlorosis.

3. Never give iron to chlorotic patients who have had suspicious symptoms of the chest, or have tuberculous parents. Never give it in the early stage of consumption; often in the latter.

4. In hysterical spasms, in a vigorous, high-colored woman, who exhibits none of the signs of chlorosis, iron increases the convulsions.

5. Chlorotic neuralgias are usually cured by iron, though less easily than simple chlorosis. In non-chlorotic neuralgias it generally fails.

6. Chlorotic gastralgia is cured by iron; but other varieties are made worse by the same remedy.

7. When pyrosis co-exists with gastralgia, iron is usually illy-borne.

8. Iron finds much wider application in the diseases of women than of men, probably because chlorosis, the chief triumph of iron, is usually an element, if not the sole constituent, in woman's anæmia.

It has been found that in the newly-married the breasts often enlarge and swell without the patient being pregnant—due to the fondling and toying incident to the approaches of the newly-made husband—frequent coitus having a tendency in the same direction.

A fact of interest and of importance is the number of young women applying for relief from pain in back, whites, etc., and who are found to be hot-beds of syphilitic affections—chancres, chancreoids, warts, and mucous patches. Such a one declaring to her *pro tem.* lover her cleanliness, may not know that she is the centre of a terrible pest of society, and that her quarantine is as important to society as that of the cholera ship is to a city. What shall we do with the social evil? It is a great question for sanitarians and social scientists.

The usually received opinion of the colored race being particularly prone to fibroid tumors is here substantiated, one woman being seriously affected at the age of twenty-three. It may be proper to state here that the girls affected with mucous patches are taught the danger of contamination. Many of them think the only danger is from the primary sore, but it has been proven that they can furnish a catching pus, and syphilis can be communicated even in a kiss, when the patches are on the lips, gums or tongue. As a matter of hygiene all doctors in charge of clinical work should do their utmost to instruct the ignorant, caution the giddy, reprimand the vicious, and urge the utmost cleanliness on those who persist in this nefarious business.

EDITORIAL DEPARTMENT.

PERISCOPE.

Jequirity (*Abrus Pectorius*).

Dr. C. W. Tangeman thus writes in the *Clin. Lan. and Clinic*, December 1, 1883:

The question of treating granulations (trachoma) by means of an infusion of jequirity seeds

has created no little stir in the medical world; especially ophthalmologists seem to take considerable interest in the clinical and physiological action of this new drug. Nearly every medical journal published contains one or more articles on this subject; but most of them are only clinical reports of cases; in reality, Sattler, of Erlangen, is the only one who has furnished results

that are of real scientific interest. So far as the results clinically are concerned, we will at this time judge from the reported cases, which are very good in many cases, while in the majority of instances the results are recorded about as follows: "Somewhat improved, no benefit," and occasionally, "absolute irreparable damage." This is exactly the history of the introduction of new remedies, no matter in what special department of medicine they are employed. To illustrate this we need only call attention to the introduction of the active principle of pilocarpine (eserine): individuals in many instances have not the remotest idea of the physiological action of the new drug, did not know whether it is indicated in the case that they were using it in, yet they report failures, and the remedy falls into disuse.

It seems as though it required years of teaching and writing to introduce a new drug and lay down rules that can be grasped by the ordinary mind, indicating when and for what purpose it should be employed. Where can we find an explanation for this condition of things? Literature proves that as soon as a new remedy has been introduced, an effort is made by the profession to cry it down, and show what it *will not do*, rather than determine what it will do. Often the most lucid writings are misinterpreted, or improperly understood. An example of this we have in the resume of Sattler's publications on jequirity by C. S. Bull,^a where S. is made to say that the bacillus found in an infusion of jequirity, "when separated from the original mother liquor *does not* possess the same pathogenic properties." In Sattler's^b original article we read as follows: "The cultivations were successful when the proper inoculation substance was used, and in one instance was carried through forty generations. The cultivated bacillus was only used when the gelatine had liquefied; then the bacilli were very numerous, and the largest number of them were already giving off sporules; some of this material was carefully applied to the conjunctival cul-de-sac by means of a disinfected brush or a glass tube that had previously been subjected to a high degree of heat. In the course of two or three hours slight edema of the mucous folds, injection of all the vessels of the conjunctiva occurs; during the next hour these symptoms increased, the margins of the lids became quite red; while the mucous membrane was covered with a layer of grayish flakes, and gave off a muco-purulent secretion. If only one application has been made, these symptoms soon subside; but if the application is repeated^c (we mean here applications of culture bacilli) at intervals of one to two hours for a few days, we can produce that peculiar ophthalmia to such a degree that the conjunctival cul-de-sac is covered with diphtheritic exudation material. The intensity of this inflammation may not be so great as when using an infusion, but the efficiency is quite marked." The above is a literal translation, and does not sound like a very negative answer; on the contrary, S. states, "the pathogenic nature of the cultivated jequirity bacillus is settled beyond all doubt." The only question is, What is the brigin of this micro-organism?

Another point we must briefly call attention to. The same writer states, in the article^d referred to above, that when a solution of bichloride of mercury, one part in 10,000, is added to the jequirity infusion it is sterilized; while S. used this same infusion and cultivated the bacillus through a number of generations, and then produced the characteristic inflammation by carefully inoculating the conjunctiva of animals, demonstrating absolutely their power of germination. This experiment I have verified myself and come to the same conclusions, but in a solution of one part in 8,000 all life is arrested. Thus misunderstanding and wrong interpretation of such highly scientific writings as Sattler's is where the error very frequently lies. Later on I will publish my results with bacillus, both clinically and physiologically.

It will suffice to say here that jequirity has been used at Prof. Seely's clinic since its introduction with satisfactory results.

The Excision of the Hard Chancre.

Dr. A. Ravogli read a paper on this subject before the Cincinnati Academy of Medicine, which we find thus summarized in the *Cinn. Lan. and Clinic*, Dec. 8, 1883:

1. The excision of the hard chancre is a very easy and innocent operation.

2. Performed at the first appearance of the chancre, when the lymphatic ganglia are not affected, it can destroy the depot of the syphilitic virus.

3. It would be necessary to try this operation when the chancre is easily removed, not implicating the tissue of the glands, and when it does not leave ugly scars.

4. The excision of a chancre, if unsuccessful, has no influence on the consequent development of syphilis.

In three cases I had complete success, in one case failure. The first case was operated on five days after the first appearance of the chancre, the second after six days, the third after nine days. The fourth case was operated twelve days after the appearance of the chancre. In the first three cases the chancre was seated on the internal membrane of the preputium, in the fourth case the chancre extended to the tissue of the glans. I consider as a cause of non-success in the fourth case, the longer time during which the chancre remained, and the site of the chancre on the tissue of the glans, where its excision is more difficult.

I think, gentlemen, that you will not be afraid to try this easy operation, which at an early time in the appearance of chancre can save a man from a disgusting disease, which infects not only himself, but also his family.

A New Test for Organisms in Water.

Dr. Angus Smith's test consists in rendering the water thick by dissolving gelatine in it. If pure, the gelatine cylinder remained long unaltered, but if the water is impure from the presence of organisms, the gelatine round the organisms becomes liquefied and globular, the organisms remaining solid at the bottom of the spheres.

^a New York Medical Journal, No. 19, p. 531, Nov. 10, 1883.

^b Wiener Medizinische Wochenschrift, No. 21.

^c Translator.

^d New York Medical Journal.

THE
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TWENTY-FIVE YEARS.

With the close of the present volume the MEDICAL AND SURGICAL REPORTER completes a quarter of a century of its existence as a weekly journal. Begun as a quarterly a number of years earlier, it was transformed into a weekly towards the close of 1858, since which date it has appeared regularly every Saturday, except for a short time during the height of the civil war.

There are very few journals of any kind born with it, or before it, which survive; and of medical journals, they are fewer than the fingers of one hand.

What has been its source of vitality? Why has it steadily progressed, when so many others, backed by far larger capital and heralded with a far louder blowing of trumpets, have fallen by the wayside?

We may answer this without any spirit of boastfulness. There is no secret in its success. The principles on which the REPORTER has been conducted have been repeatedly stated, and they have been conscientiously adhered to. Let us state them again.

In the first place, the REPORTER has been from the outset *strictly independent*. It has never been a tool in the hands of any society, any college, any firm, any publishing house, any man or set of men, to be used to further private, commercial or corporate interests. The scientific spirit and professional honor have always directed its course, and these alone.

Next, its aim has been to *serve the needs of the practitioner*, to be practical in tone, to seek out and make public what is most useful to the everyday business of the working doctor. It has not aimed to print recondite researches or novel theories, but to glean and give what is of greatest utility.

Again, it has always maintained the highest ethical standard of the regular profession. It has not sanctioned any overtures to practitioners of "exclusive dogmas," still less to schools of free lancers. These, it has maintained, should be rigidly excluded until they are willing to accept scientific medicine.

Furthermore, the REPORTER has always aimed to treat men fairly. No man who has been criticised in its columns can say that he has been refused space for a reply. The editors assume no claims of omniscience. They express their views clearly, and are perfectly willing to confess an error, when it is shown. The affectation of "I am Sir Oracle," has been sedulously excluded from its pages.

Finally, it has aimed to be representative of the whole country, not only in its news, but in its contributions. An article of merit is just as welcome, and receives just as prompt insertion, coming from Oregon or Texas, as from New York or Philadelphia. The REPORTER has always made a special effort to induce country physicians to write for its columns. From that class the greatest discoveries in medicine have proceeded, and among them are to-day the most original thinkers in our profession.

Such, in brief, are the principles which for a quarter of a century have governed the REPORTER. Such are those which will continue to inspire and direct its management.

NOTES AND COMMENTS.

Cardiac Tonics.

Before the Liverpool Medical Association, (*Lancet*, November 17, 1883), Dr. Logan brought forward the results obtained at the Northern Hospital by the administration of digitalis, strophanthus, squills, and convallaria, in bad cases of mitral regurgitation. Pulse tracings, together with charts of the pulse and urine, were shown as indicating the action of the different drugs. Digitalis in ten-grain doses hourly for eighteen to forty-eight hours was found to be the most efficacious, but occasionally accompanied by nausea or vomiting. Convallaria was free from the objections accompanying the administration of digitalis, but was not so powerful and reliable in its effects. Strophanthus was a valuable cardiac tonic. Squill was useful, but less active than any of the others.

Drs. Davidson and Dickerson both considered convallaria inferior to digitalis, and believed that any want of uniformity in the action of the latter was due to inferiority of the preparation used.

Dr. Caton had been pleased with his experience of the action of convallaria, especially since it was not accompanied by nausea or vomiting.

Dr. Barr criticised the heroic doses of digitalis, and considered that the tension shown by some of the tracings was of a dangerous degree. In estimating the action of such drugs as these he thought the effect of rest in bed should be first ascertained, especially in hospital patients, who usually experienced great relief from that alone.

Nitrite of Amyl.

From the *Therapeutic Gaz.* we learn that D. Anghona (*Gaz. Med. Ital.*) has employed this remedy for five years, and is well satisfied with his results. According to his experience it is indicated, and has good effects in acute febrile diseases of the respiratory organs, where weakness from old age and a high degree of dyspnoea endangers the life of the patient. The action of this drug passes off rapidly, in fact, it ceases when inhalation is suspended. In this manner it may be given for days, if necessary, without bringing on any bad effects. The author thinks the fear of properly employing nitrite of amyl is the reason of its failure in many instances. He applied it by putting five to twenty drops on a handkerchief, from which it may be inhaled, and repeated as often as may be necessary.

Action of Strychnine on Cardiac Dilatation.

The *Med. Press*, November 21, 1883, says:

M. Maragliano states that he has used strychnine in cases of cardiac dilatation with very good results. At the first examination he carefully found out the dimensions of the heart, and after the internal use of this medicine for a day or two, he discovered the dilatation was greatly reduced in size, and when he had continued the treatment for a week, the diminution was very marked indeed. If the strychnine is not continued for some time the beneficial results disappear, but when given in the form of sulphate in doses of two or three milligrammes three times daily, it gives great relief.

Jaborandi in Diphtheria and Croup.

The *Therapeutic Gazette*, November, 1883, tells us that Massi and Somma thus conclude: That in diphtheria and croup jaborandi shows its unpleasant toxic symptoms, but no special or specific action on the disease. It sometimes appears as though the membranes separate a little more easily, but nothing is gained over other remedies, since the poison still remains in the system.

This remedy is a very valuable addition to our materia medica in dropsies, where the object is to remove transudation liquid.—*Arch. di Patol. infant.*

A Cheering Letter.

It is one of the compensations for much that is not pleasant in the editorial career, to learn that one's efforts have satisfied and benefited others. As readers know, it is not our custom to publish such friendly expressions; but we may be permitted to make an exception in favor of the following few lines from a highly respected physician in Iowa. He writes:

"From many years' experience I can truthfully say that if the busy practitioner will peruse the columns of the MEDICAL AND SURGICAL REPORTER, he will have no need for any other journal. I am glad to give this unsolicited testimony in acknowledgment of the great benefit I have derived from it through many years of arduous practice."

Our endeavor has always been, and will be, to make the REPORTER a complete synopsis of the progress of medicine, especially in its useful, practical aspects, as applied to the daily labor of the working physician.

The Function of the Spleen.

The physiology of the spleen, like the source of the Nile, is an ignis fatuus that has thus far succeeded in eluding the grasp of the physiologist. Dr. C. S. Ray claims that this organ is the seat of perfectly rhythmical contractions and dilatations, independently of cardiac and respiratory movements, and that it may be regarded as a "portal heart." This suggestion may aid in determining its physiology.

Enlargement of Thyroid Gland.

It has been suggested that in enlargement of the thyroid gland, if the isthmus be excised, the lateral lobes will atrophy, thus avoiding the more serious operation of total extirpation. Mr. Sydney Jones reports a case so treated in the *Lancet*, November 24, 1883. Pressure on the trachea produced serious attacks of dyspnea. The result was very satisfactory.

Rectal Watering.

There does not seem to be any good reason against the suggestion offered by Dr. Gofford, in the *Miss. Valley Med. Mo.* for October, that when the stomach of a fevered patient rejects the water for which his system is craving, it should be administered per enema, and he reports two cases in which this procedure was satisfactorily resorted to.

How to Take Tincture of Iron.

To disguise the taste of tincture of iron, Dr. Haner recommends that tincture of the sesquichloride of iron be mixed with simple syrup, and then with milk. This mixture will not affect the teeth, nor will the styptic taste be apparent.

The Treatment of Cholera.

According to one of the Egyptian Cholera Commission, of all the drugs employed in treatment, lead and opium in divided doses at the outset of the disease was alone found worthy of being called successful.

A Word About Prompt Payments.

Subscribers will greatly oblige us, and aid us, by remitting promptly for 1884. Why not send right away, as soon as you see this, and have it off your mind?

NEWS AND MISCELLANY.

Units for Measurements.

The metrical unit for length is the meter; the ten-millionth part of the distance from the earth's equator to the pole.

The unit of bulk is the liter; it is the cube of a decimeter side.

The unit of weight is the gramme; the weight of a cubic centimeter of distilled water at 40° Fahrenheit.

The unit of force is the kilogram-meter, being the force required to raise one kilogram weight one meter high.

The unit of electric resistance is the ohm; it is the resistance which a current undergoes when passing through a column of mercury one meter long and one square millimeter in section at the freezing point of water.

The unit of electro-motive force is the volt; it is the amount of electro-motive force produced by one Daniel cell.

The unit of electrical intensity is the ampere; it is the current produced by one volt through a resistance of one ohm.

The unit of quantity of current is the calamb; it is the quantity of electricity given by one ampere in one second.—*Review of Telegraph and Telephone.*

Dr. Oliver Wendell Holmes on Physical Diagnosis and Specialism.

We read the following in the *Canada Medical Record*: "I have often felt, when seeing hospital patients worried by hammering and long listening to their breathing, in order that the physician might map out nicely the diseased territory, the boundaries of which he could not alter, as if it was too much like the indulgence of an idle and worse than idle curiosity. A confessor may ask too many questions; it may be feared that he has sometimes suggested to innocent young creatures what they would never have thought of otherwise. I even doubt whether it is always

worth while to auscult and percuss a suspected patient. Nature is not unkind in concealing the fact of organic disease for a certain time. What is the great secret of the success of every form of quackery? *Hope kept alive.* What is the too fatal gift of science? *A prognosis of despair.* "Do not probe the wound too curiously," says Samuel Sharp, the famous surgeon of the last century. I believe a wise man sometimes carefully worries out the precise organic condition of a patient's chest, when a *very* wise man would let it alone, and treat the constitutional symptoms. The well-being of a patient may be endangered by the pedantic fooleries of a specialist."

In Memory of Dr. Wm. H. Hooper.

For the MEDICAL AND SURGICAL REPORTER.

At a meeting of the Executive Committee of the "Wood Medical Journal Club," held December 21, 1883, it was

Resolved, That in the death of Dr. William H. Hooper this Club, as well as the medical profession of the city of Philadelphia, has lost a member, conspicuous alike for breadth of culture, soundness of judgment, and urbanity of manner.

Resolved, That we recognize in his acknowledged success as a practitioner the merited reward of long years of patient study preliminary to, as well as during his special preparation for professional life.

Resolved, That a copy of these resolutions be sent to the family of the deceased, and to the *Medical Times*, the *Medical Bulletin*, and the MEDICAL AND SURGICAL REPORTER.

W. R. D. BLACKWOOD,

BENJAMIN LEE,

Secretary.

Chairman, for the Committee.

Philadelphia, December 22, 1883.

A Just Sentence.

A chemist named Armand, residing at Vassy, in the department of Haute Marne, France, has been condemned to pay a fine of \$2,000, and \$400 damages, to a M. Junot, under somewhat singular circumstances. Mdme. Junot, the wife of the prosecutor, was, it seems, in the habit of making frequent purchases of morphia from the defendant for her own use, with the result that, not long since, her mind became so seriously affected that it was found necessary to confine her in a lunatic asylum. On this ground, M. Junot brought an action against the chemist, with the result above mentioned.

Druggists have no business to sell such dangerous drugs, save on prescription.

The Influence of Doctors in Health Resorts.

In "Stray Studies," Dr. John R. Green says: "Each winter resort brings home to us the power of the British doctor. It is he who rears pleasant towns at the foot of the Pyrenees, and lines the sunny coasts of the Riviera with villas that gleam white among the olive groves. It is his finger that stirs the camels of Algeria, the donkeys of Palestine, the Nile-boats of Egypt. At the first frosts of November, the doctor marshals his wild geese for their winter flitting, and the long train streams off, grumbling but obedient, to the little Britains of the south."

Patent Medicines in Italy.

By a law which has recently come into operation in Italy, the sale of patent medicines throughout the kingdom is prohibited unless the precise composition of the medicine is stated. The promulgation of this important decree has been made by the Minister of the Interior, the Customs, and the sanitary authorities.

The New York Polyclinic.

This institution has proved very successful—so much so that the faculty have been compelled by the increased attendance to greatly enlarge their accommodations, and for the next year will have ready a building second to none in this country for purposes of clinical demonstrations of cases and laboratory work.

Items.

—A national veterinary association was formed in Chicago, December 13.

—Dr. Sarah Stockton has been appointed physician to the female department of the Indiana State Insane Asylum.

—M. Charcot has been elected a member of the Academy of Sciences, Section of Medicine and Surgery, in place of the late Baron Cloquet.

—Dr. Landouzy (*Progres Med.*, 1883, Nos. 35 and 36) very sensibly reminds us that we must not regard angina pectoris as an entity, but only as a symptom of some other trouble.

—An operation for the removal of a cancer of the breast in a patient at Glenville, New York, recently resulted in erysipelas and tetanus, and the case terminated fatally on the 23d.

—In his annual report to Mayor Low, Dr. Raymond, the Health Commissioner of Brooklyn, states that the health of the city has been better during the past year than in any other since 1879.

—Dr. Robert Amory writes to the *Boston M. and S. Jour.*, Dec. 20, 1883, from St. Petersburg, that Dr. Qvist, a Finnish physician, has succeeded in artificially preparing vaccine lymph, which by inoculation will produce pure vaccine vesicles.

QUERIES AND REPLIES.

Dr. T. J. H., of Tennessee.—1. We consider it perfectly proper for a physician to charge a city for professional advice connected with quarantine service.

2. The announcement that a physician has vaccine matter may be made by a placard in his office without impropriety.

Dr. F. C., of Missouri.—Your inquiries about epilepsy will be fully answered in a series of clinical lectures on that disease by Prof. William Pepper, which we shall shortly publish in the REPORTER.

Student, N. Y.—We supply all medical books, postage free, at regular retail rates.

DEATHS.

KIRKBRIDE.—December 16, 1883, Thomas S. Kirkbride, M. D., in the seventy-fifth year of his age.

HOOPER.—December 18, 1883, Dr. William H. Hooper.

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